

# **Natural Resources and Environmental Protection Cabinet**

DEPARTMENT FOR ENVIRONMENTAL PROTECTION  
DIVISION OF WASTE MANAGEMENT  
14 REILLY ROAD  
FRANKFORT, KENTUCKY 40601  
TELEPHONE NUMBER (502) 564-6716

## **REGISTERED PERMIT-BY-RULE STORAGE AND TREATMENT OF PROCESSED SPECIAL WASTE DEP 7059D (3/92)**

### **GENERAL INSTRUCTIONS**

1. **APPLICABILITY** - This registration form must be completed and submitted to the Cabinet by persons who propose to treat or special waste.
2. **PREPARATION** - Questions regarding this form may be directed in writing to the Division of Waste Management, Solid Waste Branch, at the address provided above, or by calling (502) 564-6716.
3. **SUBMISSION** - Please type or print legibly in permanent ink. Submit the original and two (2) copies, bound, of the completed registration form to the Division of Waste Management at the address noted above. If an if an item, is not applicable to your facility write "N/A" in the space provided.
4. **LAWS AND REGULATIONS** - Registrants are expected to understand and comply with all laws and regulations applicable to the storage and treatment of processed special waste in 401 KAR 45:100.

**REGISTERED PERMIT-BY-RULE  
STORAGE AND TREATMENT OF PROCESSED SPECIAL WASTE  
401 KAR 45:100**

REGISTRATION NUMBER: \_\_\_\_\_ (FOR AGENCY USE ONLY)

1. Facility Registration:

Name of Registrant: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number(\_\_\_\_\_) \_\_\_\_\_

2. Type of Registration Requested:

\_\_\_\_\_ Storage      \_\_\_\_\_ Treatment

3. Waste Source(s):

a. Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number(\_\_\_\_\_) \_\_\_\_\_

Contact Person/Process Agent \_\_\_\_\_

b. Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number(\_\_\_\_\_) \_\_\_\_\_

Contact Person/Process Agent \_\_\_\_\_

c. Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number(\_\_\_\_\_) \_\_\_\_\_

Contact Person/Process Agent \_\_\_\_\_

4. If the registrant identified in Item 1, is a government agency, corporation, company or partnership, provide the name, address, and telephone number of the process agent or contact individual below:

Name\_\_\_\_\_

Address\_\_\_\_\_

City\_\_\_\_\_State\_\_\_\_\_Zip Code\_\_\_\_\_

Telephone Number (\_\_\_\_\_)\_\_\_\_\_

5. Provide the following information concerning the person preparing this registration if different from above.

Name\_\_\_\_\_

Address\_\_\_\_\_

City\_\_\_\_\_State\_\_\_\_\_Zip Code\_\_\_\_\_

Telephone Number (\_\_\_\_\_)\_\_\_\_\_

6. Designate the individual to whom the questions regarding this registration should be addressed.

Name\_\_\_\_\_

Address\_\_\_\_\_

City\_\_\_\_\_State\_\_\_\_\_Zip Code\_\_\_\_\_

Telephone Number (\_\_\_\_\_)\_\_\_\_\_

7. List the name, address, and telephone number of the landowner(s) of the proposed treatment or storage site(s):  
(Use additional sheets if necessary).

a. Name\_\_\_\_\_

Address\_\_\_\_\_

City\_\_\_\_\_State\_\_\_\_\_Zip Code\_\_\_\_\_

Phone Number (\_\_\_\_\_)\_\_\_\_\_

b. Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone Number (\_\_\_\_\_) \_\_\_\_\_

c. Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone Number (\_\_\_\_\_) \_\_\_\_\_

8. Provide, as **Attachment 1**, a narrative description of the proposed operation.
9. Describe, in **Attachment 2**, the methods that will be employed to ensure compliance with the environmental performance standards of 401 KAR 30:031.
10. Provide, as **Attachment 3**, an original, current seven and five tenths (7.5) minute United States Geological Survey Topographic Map with the proposed treatment or storage site boundary clearly marked.
11. Provide, as **Attachment 4**, a sketch of the proposed treatment or storage facility.
12. Provide a copy of the Toxicity Characteristic Leaching Procedure (TCLP) analysis from each waste source as **Attachment 5**.
13. Provide a copy of a waste analysis in accordance with 401 KAR 45:100 Section 6(20)(b) as **Attachment 6**.
14. Provide an estimate of the total and per source volume of waste to be treated or stored. For storage facilities provide the total acreage to be used.

CERTIFICATION:

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for such violations."

Signature of Authorized Agent:\_\_\_\_\_Date:\_\_\_\_\_

Name of Authorized Agent(typed or printed) :\_\_\_\_\_

Title:\_\_\_\_\_

Subscribed and sworn to before me by\_\_\_\_\_

this the\_\_\_\_\_day of\_\_\_\_\_, 19\_\_\_\_\_.

Notary Public Signature\_\_\_\_\_

My Commission Expires\_\_\_\_\_

